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Examiner: Ann Y. Lam

Art Unit: 1641

Fax No.: 571-273-8300

USPN: 09/993,314

Filed: 11/05/2001

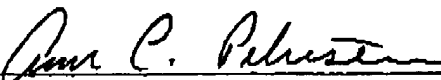
Inventor(s): Theo T. Nikiforov et al.

Title: Pressure-Based Mobility Shift Assays

Document(s): Transmittal (1 pg)  
Response (9 pg)

Total Pages, (incl.  
Certificate): 11

Faxed on: Friday, March 17, 2006

  
Signature

**Ann C. Petersen**

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PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/993,314	<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>MAR 17 2006</b>
	Filing Date	11/05/2001	
	First Named Inventor	Thao T. Nikiforov	
	Art Unit	1641	
	Examiner Name	Ann Y. Lam	
Total Number of Pages in This Submission	10	Attorney Docket Number	100/11810

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit(s)/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Please charge Deposit Account No. 03-0177 for any additional fees associated with this paper or during pendency of this application.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Caliper Life Sciences, Inc.	
Signature	<i>Ann C. Petersen</i>	
Printed name	Ann C. Petersen	
Date	03/17/06	Reg. No. 55,586

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Typed or printed name	Ann C. Petersen
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Application No. : 09/993,314 Confirmation No.: 5637  
Applicant(s) : Theo T. Nikiforov, et al.  
Filing Date : 11/05/2001  
TC/A.U. : 1641  
Examiner : Ann Y. Lam

Docket No. : 100/11810  
Customer No. : 021569  
Title : Pressure-Based Mobility Shift Assays

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AND RESPONSE**

Sir:

In response to the Office action mailed December 19, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.